Approved for use through 07/31/2006. QMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 10/784,950 FEE TRANSMITTAL Filing Date February 25, 2004 For FY 2005 First Named Inventor DAISAKU KAMIYA ET AL. **Examiner Name** Patrick H. Mackey Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2651 Attorney Docket No. 02910.000122 **TOTAL AMOUNT OF PAYMENT** (\$) 600.00 METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Check Credit Card Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: 06-1205 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Х Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee(\$) Fee(\$) Fee(\$) Utility 300 150 250 200 100 100 130 65 Design 200 100 50 200 100 300 160 80 Plant 150 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Fee Paid (\$) Multiple Dependent Claims **Extra Claims** Fee (\$) - 20 or HP = Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0 Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) - 3 or HP = 200.00 600.00 Х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) / 50 = - 100 = ___ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. Telephone



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) | |
|------------------------------|---|-----------------------------|
| | : | Examiner: Patrick H. Mackey |
| DAISAKU KAMIYA ET AL. |) | · |
| | : | Group Art Unit: 3651 |
| Application No.: 10/784,950 |) | - |
| | : | Confirmation No.: 8479 |
| Filed: February 25, 2004 |) | |
| | : | |
| For: SHEET STACKING/ALIGNING |) | August 15, 2005 |
| APPARATUS, SHEET HANDLING | : | |
| APPARATUS, AND IMAGE FORMING |) | |
| APPARATUS | : | |

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed July 19, 2005, Applicants submit the following amendments and remarks.